



# WASHINGTON STATE GAMBLING COMMISSION

LOCATION: 649 Woodland Square Loop SE, Lacey WA 98503  
MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400  
TELEPHONE: 360-438-7654 – FAX NUMBER: 360-438-7503  
TOLL-FREE IN-STATE: 1-800-345-2529  
TDD: 360-438-7638  
WEB SITE: [www.wa.gov/gambling/wsgc.htm](http://www.wa.gov/gambling/wsgc.htm)

## For Agency Use Only

Date / Time Received: \_\_\_\_\_ / \_\_\_\_\_

Received by: \_\_\_\_\_

## REQUEST FOR PUBLIC DISCLOSURE

- Complete Items (1) and (2). (type or print)
- Name or describe the record you need. Be specific. **If you need help – call us.**
- Read the RCW and WAC reprints and sign the memorandum of understanding Item (3) below.
- Please sign, date, and return this form to the above address.
- You will be notified of any costs due our agency.

## PERSON REQUESTING INFORMATION

(1) Name: \_\_\_\_\_  
(First, MI, Last)

Address: \_\_\_\_\_

City

State

Zip

Day Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## DESCRIPTION OF RECORD

(2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## (3) MEMORANDUM OF UNDERSTANDING / AGREEMENT

I am requesting the above record(s) per the Public Disclosure Act, RCW 42.17. I understand that there may be costs, described below, and I agree to pay such costs. I further understand that the commission may notify persons named in the record of this request. I further understand and agree that I do not intend to use the record(s), to contact, or in some way personally affect, any individual person(s) identified in the record(s), when the purpose of that contact would be to facilitate a profit-seeking business activity. I have read and am familiar with RCW 42.17.260(9), RCW 42.17.330 and WAC 230-60-040(3) as reprinted on this form.

Requestor's Signature

Date

## CHARGES INCIDENTAL TO COPYING

- Staff time for copying and mailing the document is \$15.00 per hour.
- For letters to authenticate or certify requested copies, the fee is \$10.00 per letter.
- The **copying fee** is \$.15 per page.
- Postage amounts are for **First Class U.S. Postage**.

(1) Request Approved / Disapproved By: \_\_\_\_\_  
                   **t Circle One t**   Records Officer or Designee   Date

Reason for Refusal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Val#: \_\_\_\_\_

Code:

Amount: \$


Date:

**INTERNAL USE ONLY**

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## COSTS

 Staff Time Expended for Photocopying: \_\_\_\_\_  
Hours Minutes

 Number of Pages: \_\_\_\_\_

 Postage:

 Other Charges: \_\_\_\_\_

**TOTAL DUE:** \_\_\_\_\_

**DATE**

**BY**

(3) Request form Completed	_____	_____
(4) Requestor Contacted Regarding Fees	_____	_____
(5) Fees Received	_____	_____
(6) Request Given / Sent to Requestor	_____	_____

This chapter shall not be construed as giving authority to any agency . . . to give, sell or provide access to lists of individuals requested for commercial purposes, and agencies . . . shall not do so unless specifically authorized or directed by law. . .

An agency has the option of notifying persons names in the record or to whom a record specifically pertains . . . (and in some circumstances may be) . . . required by law to provide such notice.

Persons not specifically authorized by law to obtain lists of names of individuals from public records will be required to complete a statement agreeing not to release or use the information for commercial purposes.